

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>MA</i> | | 11-27-01 |
| O.I.P.E. CLASSIFIER | | 48 | 12/3/01 |
| FORMALITY REVIEW | MH | 920 | 12-06-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

904/920

901
12/06/01